

**APPLICATION FOR EXTENDED LEAVE (NOT GREATER THAN 110 DAYS)**

**PART A: STUDENT DETAILS**

Please complete the table below with the details of all students associated with the period of travel:

Family Name	Given Name	DOB	Classroom

Student address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Dates of extended leave applied for: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of school days absent: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

How do you plan to ensure the continuation of your child's education during your absence?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE (if applicable)**

Date of prior exemption/extended leave: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of school days: \_\_\_\_\_

**PARENT DETAILS:**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent and applicant, I hereby apply for a Certificate of Extended Leave and understand my child will be granted a period of extended leave upon acceptance by the Principal of the reason provided.

- I am responsible for his/her supervision during the period of extended leave
- The provided period of extended leave is limited to the period indicated
- The period of extended leave will count towards my child's absences from school

I declare the information provided in this application is to the best of my knowledge and belief; accurate and complete. I recognise that should statements in this application later provide to be false or misleading any decisions made as a result of this application may be reversed.

Signature of parent/s: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART B: TO BE COMPLETED BY THE PRINCIPAL**

I accept this Application for Extended Leave (Please tick one box):

Yes                       No

Please provide more details here (if required):

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Principal's name (please print): \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_